

JUL 26 2010

FAX TRANSMISSION

DATE: July 26, 2010

PTO IDENTIFIER: Application Number 09/783,183-Conf. #2117
Patent Number

Inventor: Holger Sedlak

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: DICKSTEIN SHAPIRO LLP

Laura C. Brutman

PHONE: (212) 277-6592

Attorney Dkt #: J0658.0027

PAGES (Including Cover Sheet): 26

CONTENTS: Transmittal (1 page)
Request For Refund (2pp)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (212) 277-6592 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

DICKSTEIN SHAPIRO LLP

1633 Broadway, New York, New York 10019-6708

Telephone: (212) 277-6600 Facsimile: (212) 277-6501

07/28/2010 13:24 FAX 12123544001

DICKSTEIN & SHAPIRO

RECEIVED
CENTRAL FAX CENTER

002

JUL 26 2010

PTO/SB/97 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

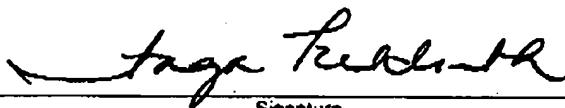
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 09/783,183

Attorney Docket No.: J0658.0027

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on July 26, 2010
Date

Signature

Inge Hildreth

Typed or printed name of person signing Certificate

Registration Number, if applicable

(212) 277-6528

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)
Request For Refund (2pp)

07/26/2010 13:24 FAX 12123544001

DICKSTEIN & SHAPIRO

RECEIVED
CENTRAL FAX CENTER

003

JUL 26 2010

PTO/SB/21 (07-09)
Approved for use through 07/31/2012. OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/783,183-Conf. #2117	
	Filing Date	February 14, 2001	
	First Named Inventor	Holger Sedlak	
	Art Unit	2824	
	Examiner Name	H. N. Nguyen	
Total Number of Pages in This Submission	3	Attorney Docket Number	JO658.0027

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form: <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please see attached Request for Refund.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	DICKSTEIN SHAPIRO LLP	
Signature	<i>Laura C. Brutman</i>	
Printed name	Laura C. Brutman	
Date	July 26, 2010	Reg. No. 38,395